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| 2. Mr Morley Parry | A.421 |
| 3. Mr Perry | A.405 |

RURAL DISTRICT OF TADCASTER



ANNUAL REPORT

1969

MEDICAL OFFICER OF HEALTH AND
CHIEF PUBLIC HEALTH INSPECTOR

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TADCASTER RURAL DISTRICT COUNCIL

Chairman of the Council:

Councillor C. Boddy

Vice-Chairman :

Councillor H. W. Laing

Public Health Committee:

Chairman: Councillor C. Boddy

Vice-Chairman: Councillor A. Cawood

Councillors N. L. Bramley, A. Ballance, W. T. J. Cowan, F. Flatters, W. Gill, P. Hall, T. Hargreaves, D. Hesse, E. Hills, J. W. Jamieson, N. J. MacLeod, R. Mason, G. Moakes, C. Sleight, J. N. Sykes, J. Tarpey, R. F. Thatcher, H. T. Walker, J. Walker and J. Wilson.

Medical Officer of Health:

W. Duncan Dolton

Chief Public Health Inspector:

George Roebuck

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ANNUAL REPORT of the DIVISIONAL MEDICAL OFFICER OF HEALTH 1969

To the Chairman and Councillors :

This report is presented in three sections, only the last of which is exclusively devoted to your Sanitary Area — this has been contributed by the Chief Public Health Inspector. In this introduction I have outlined the major policy changes during the year within the five County districts comprising Local Authority Health Division 9 of the West Riding County Council.

Part I of the report is devoted to health and housing within the Division and deals, in some depth, with the agreed procedure with housing managers for the assessment of medical need of those requesting council houses. I am indebted to Dr. S. H. Brock, Deputy Medical Officer of Health, for undertaking the survey on which I comment.

The second part of the report covers the usual vital statistics referring to births, deaths and infectious diseases. As before, I make reference to the personal health services administered by the County, as I know it is your wish to get as full a picture as possible of the health provisions in the area. Little reference is of course made to the hospital and family doctor services, where the stress is more upon cure of ill-health than its prevention.

During the year under review there have been few, but far reaching, policy changes within Division 9. As from the beginning of the year all children were offered a series of six developmental checks — three by a doctor and three by a health visitor — in the pre-school years. With this sound basis the routine examination by the school doctor has been discontinued, the doctor visiting the school to see children who are known to require medical aid. All infant pupils continue to be seen for hygiene inspections by the school nurse. At the same time that developmental checks were introduced, the sale of food-stuffs from the clinics was discontinued. Councillors will recall that this policy was not universally popular when introduced but it is gratifying to record that, in the Rural Districts of Wetherby and Tadcaster, welfare food sales have substantially increased during the year. At the time of writing I am undertaking a full evaluation of the consequences of this policy, which has been noted with interest at national level. I intend to describe, in some detail, in my next Annual Report the results of our research.

Another innovation was the preparation of a comprehensive and up-to-date 0—5 years old register of handicapped children. This has proved invaluable in allowing us to regularly re-assess the special educational needs of these children.

In this, my fourth Annual Report, it is a pleasure to pay tribute to all those who assist in preserving the health of our people and caring for those with permanent incapacity. Our links with hospitals and family doctors grow ever stronger as staff are shared, as required, to meet the needs of those we serve. The field workers, be they public health inspectors, nurses or social workers, have on many occasions gone far beyond the requirements of duty. Without the untiring support of an understanding and efficient office staff their work would be more difficult and less efficient. I thank both clerical and field staff for a year's hard work. I thank too the Health Committee for its interest, encouragement and support. The future is uncertain for all of us in local government health departments but whatever happens our first priority will be to bring services and support to those who need them.

W. Duncan Dolton,

Summer, 1970.

Medical Officer of Health.

PART I :

A SPECIAL SURVEY OF HEALTH AND HOUSING

During 1969 an effort was made to assess how well the housing needs of the medically handicapped were being met. It is not the function of a Medical Officer of Health to interfere in housing policy or suggest that everyone with a medical condition should have absolute priority of re-housing. We can, however, supply information upon which the Housing Committee must act as it sees fit.

During the year, the 164 applicants for priority re-housing on medical grounds were divided into 4 grades :

59 did not receive medical support and were graded 0.

76, where medical or medico-social factors applied, but where there was no great urgency for re-housing, for example, heart cases having to cope with steep stairs, hill etc., were graded I.

26 were considered to have some degree of medical urgency, for example, a "stroke" case having to cope with the outside toilet, unable to manage stairs, and confined to one downstairs room for living, sleeping, cooking, use of commode, etc. These consisted mainly of elderly and handicapped cases which could manage in a bungalow or ground floor accommodation without Warden supervision and were graded II.

Only 3 cases were considered to be of extreme medical or social urgency for appropriate housing. These were graded III.

District	Garforth U.D.			Rothwell U.D.			Stanley U.D.			Tadcaster R.D.			Wetherby R.D.			Divisional Total
Age of Applicant	20 - 39	40 - 64	65 +	20 - 39	40 - 64	65 +	20 - 39	40 - 64	65 +	20 - 39	40 - 64	65 +	20 - 39	40 - 64	65 +	All Ages
No. of applicants	2	2	5	6	12	22	12	8	9	21	11	14	3	11	26	164
No. supported	1	2	4	4	9	17	5	4	6	9	8	13	1	7	15	105
No. re-housed	1	1	1	2	4	9	4	1	3	4	5	8	1	3	3	50
% of supported offered re- housing	43 %			61 %			67 %			65 %			42 %			57 %
% of supported re-housed by Council	29 %			50 %			53 %			60 %			30 %			48 %

The table shows the number of applicants in the age groups 20 to 39, 40 to 64, and over 65 in five Districts. It will be seen that, in the Division as a whole, 57 per cent of those receiving support were offered re-housing, ranging from 42% in Wetherby Rural District to 67% in Stanley Urban District. There was a wider difference of the rate of re-housing when the three age groups are considered separately, 54% of those over 65 were re-housed in the Division; but while one Authority re-housed 73% of those over 65 with medical support, another only re-housed 25%. Of the middle aged, 57% of the supported were re-housed, the range being 67% to 43%. Perhaps rather unexpectedly in the under 40 age group, of the 18 medically supported cases no less than 12 (67%) have been re-housed. The majority of these were living in an industrial Urban area and most would have been re-housed on the grounds of poor housing.

It is interesting to note the various sources from which the applications for medical support came. 40% were directly from the public, 25% from Health Visitors, 16% from Housing Managers, 10% from family doctors and 9% from hospitals and other social workers. While only 39% of direct applications were supported, 65% of those from Housing Managers were supported, 69% from the Health Visitors, 84% of those from family doctors, and all of those from Social Workers. If the applications are divided somewhat arbitrarily into two groups — those from the public and Housing Departments, and those from medical and social workers, the difference in the rate of support is dramatic, only 46% of the former group being supported and 85% of the latter.

You, as Councillors, will know that public demand does not always accurately reflect need. I would like to think that those who were supported for re-housing had a real need, and those who requested re-housing but were not medically supported did not have such a pressing need. When we consider by age group the applicants supported, of the elderly (46% of total applicants) 72% were supported — that is, were thought to have real need. Of the middle-aged (20% of the applicants) 68% were supported, and of the younger group (27% of the applicants) 45% were supported. Here again, there was a considerable difference in the number supported in the different Districts. This is an interesting observation as the cases were all assessed by one Medical Officer and one would have expected approximately equal proportions in each area. Plainly, in the one area where 90% of the elderly received medical support, wants and needs are more nearly the same than in other areas. Two out of three of the middle-aged received medical support, mainly due to early incapacity due to heart, lung, and arthritic

conditions. Of the younger group rather less than half received medical support for their application.

This Survey, undertaken by your Deputy Medical Officer of Health, Dr. Brock, with the full co-operation of the Housing Managers, has been invaluable in giving us some facts on health and housing for the first time. More than this, it demonstrates that individuals' assessment of need differ, and the wants of a community may have little relationship to its needs. One could, perhaps, consider that the offer of re-housing, during the year to 57% of the applicants with medical support is a creditable performance, even though under half were re-housed. I would, however, ask you to reconsider our grading of urgency. Even the mildest cases will be those with, for example, heart trouble having to cope with steep stairs or a hill. As a physician I must ask that further consideration be given to the priority re-housing of those with medical needs.

TABLE 1
PRINCIPAL VITAL STATISTICS FOR THE YEAR 1969

	Garforth Urban District	Rothwell Urban District	Stanley Urban District	Tadcaster Rural District	Wetherby Rural District	Divisional Totals
Population (Mid-year 1969)	21,620	27,610	19,720	33,570	31,260	133,780
Live Births:						
Total	567	453	396	568	481	2,465
Legitimate	554	434	375	540	463	2,366
Illegitimate	13 (2.3%)	19 (4.2%)	21 (5.3%)	28 (5%)	18 (3.7%)	99 (4.1%)
Stillbirths	12	9	4	9	6	40
Deaths of Infants:						
Legitimate	5	5	6	11	5	32
Illegitimate	—	—	—	—	1	1
Under one week	2	1	4	6	2	15
Under four weeks	3	2	5	6	3	19
Total — under one year	5	5	6	11	6	33
Deaths (All causes)	187	392	217	311	269	1,376

CRUDE AND ADJUSTED RATES

Live Births	26.2	16.4	20.1	16.9	15.4	18.4
Live Births (Adjusted)	23.1	16.7	19.9	16.9	17.2	—
Illegitimate Births per 1000 live births	22.9	41.9	53.00	50.00	37.4	40.6
Deaths (All causes)	8.6	14.2	11.00	9.30	8.6	10.3
Deaths (Adjusted)	12.7	11.4	13.00	10.70	11.3	—
Maternal Mortality	—	—	—	—	2.05	0.40
Stillbirths	20.7	19.5	10.0	15.6	12.3	16.0
Perinatal Mortality	24.2	21.6	20.0	26.0	16.4	22.0
Neo-natal Mortality	5.3	4.4	12.6	10.6	6.2	7.7
Early Neo-Natal Mortality (under 1 week)	3.5	2.2	10.1	10.5	4.1	6.1
Infant Mortality:						
All infants per 1000 live births	8.8	11.0	15.2	19.4	12.5	13.4
Legitimate infants per 1000 legitimate live births	9.0	11.5	16.0	20.3	10.8	13.5
Illegitimate infants per 1000 illegitimate live births	—	—	—	—	55.5	10.1
Tuberculosis — respiratory	0.05	—	—	0.03	—	0.01
Tuberculosis — other	0.05	—	—	—	—	0.01
Tuberculosis all forms	0.09	—	—	0.03	—	0.02
Cancer (all forms)	1.43	2.32	2.08	1.88	1.57	1.85
Vascular lesions of the nervous system	1.62	2.64	1.37	1.13	1.09	1.55
Heart and Circulatory Disease	3.42	4.93	3.96	3.22	3.61	3.80
Respiratory	0.74	2.28	1.37	1.37	0.86	1.34
Comparability Factors:						
Births	0.88	1.02	0.99	1.00	1.12	—
Deaths	1.48	0.80	1.18	1.15	1.31	—

All the maternal mortality stillbirth and peri-natal mortality rates are per 1000 live and stillbirths.

PART II : LOCAL HEALTH AUTHORITY

Divisional Vital Statistics

The birth rate for the Division as a whole was 18.4 births per thousand inhabitants, a slight increase from the year before when the rate was 18.1. The national birth rate has fallen steadily in recent years, being 16.9 in 1968 and 16.3 in the year under review. Naturally both the national and divisional figures cover wide local variations; as in the previous year Wetherby R.D.C. had the lowest rate (15.4) and Garforth U.D.C. the highest (26.2). When these figures are adjusted for the age distribution of the population the differences between the five Districts are less dramatic (Table 1).

The national death rate of 11.9 is unchanged from the previous year, as one would expect in a stable civilised society like our own. The death rate for the Division was 10.3 (10.4 in 1968). The highest crude rate was again in Rothwell U.D.C. in which is situated St. George's Hospital which is the last home for many elderly folk. When the death rate is adjusted for the age of the population there is little significant variation.

TABLE 2
RECORD OF DEATHS IN AGE GROUPS 1969

	GARFORTH URBAN DISTRICT			ROTHWELL URBAN DISTRICT			STANLEY URBAN DISTRICT			TADCASTER RURAL DISTRICT			WETHERBY RURAL DISTRICT		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Under 1 year ..	3	2	5	3	2	5	2	4	6	7	4	11	5	1	6
1—4 years ..	1	1	2	1	2	3	-	1	1	-	1	1	1	-	1
5—14 years ..	1	1	2	-	2	2	-	-	-	2	-	2	1	-	1
15—24 years ..	1	1	2	3	1	4	2	-	2	4	1	5	3	1	4
25—34 years ..	1	3	4	1	1	2	5	-	5	3	-	3	1	1	2
35—44 years ..	-	2	2	8	4	12	2	1	3	3	3	6	4	4	8
45—54 years ..	4	2	6	8	4	12	5	2	7	17	8	25	13	6	19
55—64 years ..	24	16	40	35	14	49	30	22	52	35	13	48	33	14	47
65—74 years ..	24	22	46	76	41	117	37	23	60	49	30	79	43	29	72
75 and over ..	31	47	78	70	116	186	33	48	81	58	73	131	42	67	109
	90	97	187	205	187	392	116	101	217	178	133	311	146	123	269

The ages at death are shown in Table 2. It is encouraging to see how safe are the years between one's 1st and 40th birthdays, and even the high number of deaths at 75 and over is of course a reflection on the number of people who survive into old age.

The causes of death are recorded in Table 3. As has been the pattern in recent years, by far the greatest number of deaths have been due to diseases of the heart or circulatory system (34% of all deaths). The second commonest cause of death has been from cancer (18%). There was a reduction in the number of deaths due to the disease of the respiratory tract from the previous year. While there were slightly more deaths certified as due to bronchitis there was a considerable reduction in deaths from pneumonia.

Of the deaths from cancer, those of the stomach and lung were most common. It is a little disturbing to have to record 13 deaths in males from carcinoma of the stomach in the Rothwell Urban District, an increase of 8 from the previous year. Cancer of the lung continues to be a largely preventable, self-induced cause of death. I am pleased to record that there has not been the usual yearly increase in deaths from this cause. It would be pleasing if the present annual increase in deaths from lung cancer were to cease, as is theoretically possible. The statistics show clearly that at the moment a smoker gives up the habit his statistical chances of dying from lung cancer are reduced. Already over two thirds of the medical profession are non-smokers. It would seem not unreasonable to hope that when a profession, as notoriously conservative as my own, can change its habits, the general public can do the same.

There were, as in 1968, 23 deaths from cancer of the breast and 7 from cancer of the womb. Cervical Cytology and self examination of the breast — which can be taught at the same time that the cervical smear is taken — remain the best available ways for the early detection of these cancers. There is hope that in the years to come we will have a reliable blood test to disclose the biochemical abnormalities found in cancer patients, but this time is not yet.

It is most unusual to have to record malaria as a cause of death, but a woman, who had lived in the tropics, died of this cause in the Garforth Urban District during the year. The parasites of malaria can live indefinitely in the human, though it is rare after a few years for them to do so. With an increasing number of children flying out to visit their parents working in tropical areas, malaria has become a real risk to individual school children as well as immigrants. There is, fortunately, no possibility of transmission in this country, except by blood transfusion.

TABLE 3
CAUSES OF DEATH, 1969

	GARFORTH URBAN DISTRICT		ROTHWELL URBAN DISTRICT		STANLEY URBAN DISTRICT		TADCASTER RURAL DISTRICT		WETHERBY RURAL DISTRICT	
	M	F	M	F	M	F	M	F	M	F
Enteritis and other diarrhoeal diseases ..	—	—	—	—	—	—	2	—	—	—
Tuberculosis of respiratory system ..	1	—	—	—	—	—	1	—	—	—
Other Tuberculosis, incl. late effects ..	1	—	—	—	—	—	—	—	—	—
Malaria ..	—	1	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ..	—	1	—	—	—	1	—	—	—	1
Malignant Neoplasm:										
Buccal cavity, etc. ..	—	—	1	—	—	1	—	—	2	—
Oesophagus ..	—	—	—	—	—	—	1	—	—	—
Stomach ..	1	2	13	2	2	4	3	4	4	1
Intestine ..	2	—	2	6	4	2	3	7	2	1
Larynx ..	—	—	2	—	—	—	1	1	1	—
Lung, bronchus ..	4	2	16	—	7	1	14	1	13	5
Breast ..	—	3	—	7	—	6	—	3	—	4
Uterus ..	—	1	—	1	—	—	—	2	—	3
Prostate ..	1	—	—	—	1	—	2	—	2	—
Leukaemia ..	1	1	1	1	1	—	2	—	1	1
Other malignant neoplasms, etc. ..	9	4	6	6	5	7	9	10	8	6
Benign and unspecified neoplasms ..	—	1	2	—	2	—	—	—	1	—
Diabetes mellitus ..	—	2	—	2	1	4	—	1	1	2
Other endocrine etc., diseases ..	—	1	—	—	—	1	—	2	—	—
Anaemias ..	1	—	—	—	—	1	2	—	—	—
Mental disorders ..	—	—	1	3	—	—	—	—	1	—
Other diseases of nervous system, etc. ..	—	—	2	4	—	—	1	1	3	—
Chronic rheumatic heart disease ..	1	1	1	4	3	2	1	2	—	1
Hypertensive disease ..	1	2	5	2	1	1	5	3	3	3
Ischaemic heart disease ..	27	30	50	44	33	21	50	23	53	28
Other forms of heart disease ..	3	3	11	11	6	7	1	7	8	5
Cerebrovascular disease ..	13	22	28	45	8	19	20	18	9	25
Other diseases of circulatory system ..	3	3	3	5	2	2	6	5	4	7
Influenza ..	—	—	—	—	—	1	3	2	—	—
Pneumonia ..	1	3	13	16	1	4	8	12	8	10
Bronchitis and emphysema ..	8	2	23	9	15	3	16	2	7	1
Asthma ..	1	—	—	—	1	—	1	—	—	—
Other diseases of respiratory system ..	—	1	2	—	—	2	2	—	—	1
Peptic ulcer ..	1	1	3	1	4	1	2	1	1	2
Appendicitis ..	—	1	—	—	—	—	—	—	1	—
Carried forward ..	80	88	185	169	97	91	156	112	129	107

TABLE 3—continued

CAUSES OF DEATH, 1968	GARFORTH URBAN DISTRICT		ROTHWELL URBAN DISTRICT		STANLEY URBAN DISTRICT		TADCASTER RURAL DISTRICT		WETHERBY RURAL DISTRICT	
	M	F	M	F	M	F	M	F	M	F
Brought forward ..	80	88	185	169	97	91	156	112	129	107
Intestinal obstruction and hernia ..	—	—	2	—	—	—	—	—	—	3
Cirrhosis of the liver ..	—	—	—	1	—	2	—	—	—	—
Other diseases of the digestive system ..	2	1	3	2	1	—	—	1	—	—
Nephritis and Nephrosis ..	—	3	—	1	—	—	1	2	1	—
Hyperplasia of prostate..	—	—	1	—	1	—	—	—	1	—
Other diseases, genito- urinary system ..	—	—	—	2	—	3	2	1	—	1
Diseases of skin, sub- cutaneous tissue ..	—	—	—	—	—	—	1	—	—	—
Diseases of musculo- skeletal system ..	1	1	—	1	1	—	—	—	—	—
Other complications of pregnancy, etc. ..	—	—	—	—	—	—	—	—	—	1
Congenital anomalies ..	1	1	1	—	—	—	1	1	—	3
Birth injury, difficult labour, etc. ..	1	—	1	—	1	2	2	2	1	—
Other causes of perinatal mortality ..	1	—	1	—	—	1	1	—	1	—
Symptoms and ill- defined conditions ..	—	—	—	2	1	—	3	8	1	—
Motor vehicle accidents ..	1	—	2	2	4	1	7	2	4	—
All other accidents ..	2	2	5	5	7	—	3	3	3	5
Suicide and self- inflicted injuries ..	1	1	3	1	3	1	—	1	5	3
All other external causes..	—	—	1	1	—	—	1	—	—	—
TOTALS ..	90	97	205	187	116	101	178	133	146	123

It is always sad to record preventable deaths. During 1969 23 persons died from motor accidents, one less than the previous year, and at least 19 persons took their own lives. In 1968 I drew special attention in my report to the plight of the 8 people who died by their own hands during the year. It is most disturbing to have to record more than twice as many suicides in the year under review, 8 of these occurring in the Wetherby Rural District. Again I would appeal to the public to let this department know if someone is seriously threatening to commit suicide — it is not true that those who threaten suicide never take their own lives.

TABLE 4
INFANT MORTALITY IN 1969
Deaths from stated causes under one year of age

Cause of Death		Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total under 1 year
1. Prematurity	..	6	-	1	-	7	-	-	-	-	7
2. Congenital Abnormalities											
(a) C.N.S.	..	1	-	-	-	1	-	-	1	-	2
(b) C.V.S.	..	-	-	-	-	-	2	-	-	1	3
(c) Other	..	1	-	-	-	1	2	-	-	-	3
3. Infection											
(a) Respiratory		3	-	-	3	6	2	1	-	2	11
(b) Alimentary		-	-	-	-	-	-	2	-	-	2
(c) Other	..	-	-	-	-	-	-	-	-	-	-
4. Haemorrhage	..	2	-	-	-	2	-	-	-	-	2
5. Asphyxia											
(a) Neonatorum	..	1	-	-	-	1	-	-	-	-	1
(b) Inhalation of vomit		1	-	-	-	1	-	-	1	-	2
		15	-	1	3	19	6	3	2	3	33

Table 4 gives the causes of death of the 33 children who died in first year of life — 13.4 per 1,000 live births, as compared with 17.4 in the previous year. With this small number we can expect annual variations in the rate, but the rate of 8.8 for Garforth, where only 5 babies died during the year, must be considered especially good. The Tadcaster rate of 19.4 was due to 11 deaths, the same number as in the previous year. It should not be forgotten that only a hundred years ago at least one in every 10 babies failed to survive to their first birthday. In the first month of life Prematurity accounted for 7 of the deaths and trouble with respiratory system 8 other deaths. Two further early deaths were due to congenital abnormalities. There were a further 6 deaths due to congenital abnormalities in the first year of life. These 8 deaths could reasonably be considered unpreventable in our present state of knowledge.

TABLE 5
INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1969

	DISEASE	Total all ages 1967	Total all ages 1968	Total all ages 1969	Under 1 year	1-4 years	5-14 years	15-45 years	46-64 years	Over 65 years	Age unknown
GARFORTH U.D.	Measles ..	102	54	4	—	3	1	—	—	—	—
	Scarlet Fever ..	32	10	11	—	3	7	1	—	—	—
	Meningococcal Infection ..	1	—	—	—	—	—	—	—	—	—
	Food Poisoning ..	1	3	3	—	1	1	1	—	—	—
	Whooping Cough ..	18	13	4	—	2	2	—	—	—	—
	Infective Hepatitis	—	—	1	—	—	1	—	—	—	—
ROTHWELL U.D.	Measles ..	202	141	18	3	9	6	—	—	—	—
	Dysentery ..	9	107	13	1	5	2	3	1	—	1
	Scarlet Fever ..	54	24	34	2	13	15	2	2	—	—
	Meningococcal Infection ..	—	3	—	—	—	—	—	—	—	—
	Food Poisoning ..	1	3	3	—	1	—	2	—	—	—
	Whooping Cough ..	101	32	16	—	12	3	1	—	—	—
	Infective Hepatitis	—	9	26	—	2	13	8	1	2	—
STANLEY U.D.	Measles ..	114	99	11	1	5	5	—	—	—	—
	Dysentery ..	—	8	1	1	—	—	—	—	—	—
	Scarlet Fever ..	13	12	18	—	7	10	1	—	—	—
	Meningococcal Infection ..	—	1	—	—	—	—	—	—	—	—
	Whooping Cough ..	24	1	6	—	3	2	1	—	—	—
	Infective Hepatitis	—	5	11	—	2	7	1	1	—	—
TADCASTER R.D.	Measles ..	447	129	5	3	2	—	—	—	—	—
	Dysentery ..	4	3	9	—	3	4	2	—	—	—
	Scarlet Fever ..	27	7	42	—	10	18	13	1	—	—
	Whooping Cough ..	51	7	2	—	—	2	—	—	—	—
	Infective Hepatitis	—	15	29	—	1	18	9	1	—	—
WETHERBY R.D.	Measles ..	420	395	33	—	23	10	—	—	—	—
	Dysentery ..	9	24	5	—	1	1	3	—	—	—
	Scarlet Fever ..	17	16	45	—	4	40	1	—	—	—
	Infective Hepatitis	—	1	4	—	—	—	2	—	2	—

Infectious Diseases

It will be seen from Table 3, which records the causes of all deaths, that there were again very few deaths from infectious diseases. The notifications of infectious diseases are shown in Table 5. The most dramatic figure must be the low number of Measles cases in what should have been an epidemic year — classically Measles occurs every second Winter. There can be little doubt that these favourable figures are due to the introduction of immunisation against Measles. This opinion is re-inforced by the high incidence of Measles as I write this Report. Councillors will recall that measles immunisation was halted in mid-1969 until Spring 1970 due to shortage of vaccine. I have no doubt that when the child population is immunised against Measles, this disease may well become as rare as Poliomyelitis and Diphtheria.

The very patchy distribution of notification of infective hepatitis is worthy of comment. I suspect that the high numbers of cases in the Rothwell Urban District and Tadcaster Rural District do truly reflect the fact that the disease is more common in these areas than in the other Districts. However, there must be some element of under-notification in the rest of the Division.

During the year, 81 males and 28 females from the Rural Districts attended the special Venereal Diseases Clinic, and 97 males and 63 females from the Urban Districts. There can now be no question that sexual intercourse is no longer generally confined to marriage in our society. There is, of course, no reason why this should necessarily result in either disease or the production of illegitimate children. While all would not agree that a moral question is involved, it must plainly be the duty of health educators to teach that it is irresponsible and selfish to bring an unwanted human being into the world whether the sexual partners are in possession of a marriage licence or not.

Tuberculosis, although far less common than previously, still occurs and can be a danger to the public health. During the year legislation was enforced for the first time to ensure that Child Minders and Play Group Supervisors were free from tuberculosis and other infectious diseases. It is interesting to record that no case of tuberculosis has been found in this group of women, although one child was transferred to a Play Group within the Division from a Play Group which was subsequently found to have had a helper with pulmonary tuberculosis.

TABLE 6
TUBERCULOSIS — NEW CASES NOTIFIED DURING 1969

		Garforth U.D.				Rothwell U.D.				Stanley U.D.				Tadcaster R.D.				Wetherby R.D.			
AGE		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
5 - 9 years	..	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10 - 14 „	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15 - 19 „	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
20 - 24 „	..	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-
25 - 34 „	..	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
35 - 44 „	..	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
45 - 54 „	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55 - 64 „	..	-	-	-	-	3	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
65 and over	..	-	-	-	-	-	-	-	1	1	-	-	-	2	1	-	-	-	-	-	-
TOTALS	..	1	2	2	-	6	-	1	1	1	2	-	-	2	1	-	-	2	1	-	-

Table 6 records that there were 18 new cases of pulmonary tuberculosis during the year compared with 16 in 1968 and 19 in 1967. Table 7 shows the cases on the Register, by District. There has been an increase of 6 males and 3 females with pulmonary tuberculosis and 3 males and 1 female with non-pulmonary tuberculosis. Although these increases are small, they are a forceful reminder that this disease is not yet conquered. There is, however, a tendency to enter cases in the Register and not to remove them after cure, so it is not unreasonable to assume that these figures may include not a few persons who are now perfectly fit and well.

TABLE 7

DISTRICT	PULMONARY		NON-PULMONARY	
	Males	Females	Males	Females
Garforth Urban	19	20	3	4
Rothwell Urban	56	28	13	3
Stanley Urban	4	11	2	1
Tadcaster Rural	31	19	4	5
Wetherby Rural	15	16	5	5
	125	94	27	18

Personal Health Services

Care of Mothers and Young Children — Again I have to record considerable differences between the percentages of home confinements in the five Districts, only 13.6% of Wetherby mothers having had their babies in their own homes and 34% of mothers in the Stanley District. However, in my Report for 1967 I had to state that 51.2% of Stanley mothers were confined in their own homes. There has, therefore, been a dramatic increase in the number of mothers confined in Hospital. The day is not far away for final abandonment of Domiciliary and Hospital midwives under separate administration. Intranatal care is best given in Hospital with, perhaps, discharge after 6 to 12 hours in the case of normal deliveries, while routine ante-natal and post-natal care is best given from the family doctor's surgery.

TABLE 8

DISTRICT	Domiciliary Deliveries		Hospital Deliveries		Percentage of Domiciliary Deliveries	
	1968	1969	1968	1969	1968	1969
Garforth Urban	217	160	324	419	40.1	20.8
Rothwell Urban	96	111	328	351	22.6	24.0
Stanley Urban	153	136	192	264	44.3	34.0
Tadcaster Rural	160	120	458	457	26.0	20.8
Wetherby Rural	68	66	350	421	16.3	13.6
	694	593	1652	1912	29.6	23.6

Health Visitors visited 9,340 children under the age of 5 during the year — a slight reduction on the previous year. However, as recorded in my introduction, the year was notable for the introduction of developmental screening of all children in this age group. Thus the number of home visits does not give a fair picture of the skilled advice and assessment given to these children. In certain areas of the Division, more than 9 out of 10 children are now seen regularly. Nationally, about two out of three children attend Child Welfare Centres.

The Divisional Nursing Officer has been particularly concerned during the year with the registration of premises and persons for Child Minding. At the close of the year there were 40 persons registered to mind 207 children, an increase of 34 persons on the previous year. There were 13 registered premises for the reception of 345 children. It is a familiar story that having supervised the inception of this service for children, it will be transferred on 1st April, 1971, from the Health Department to the Social Services Department.

While a register of handicapped children has been kept for many years, an energetic attempt was made during the year to bring this up to date and have a record of all pre-school children with significant handicaps. A complete register is, of course, only possible if all children, whether they are normally Clinic attenders or not, are examined. The purpose of the register is, of course, to identify children with special educational needs as early as possible. This can, therefore, be considered part of the School Health Service.

Care of the School Child — As mentioned above, the care of the school child should begin 5 years before he enters school, with regular medical examinations and immunisation to prevent serious infection. With this solid foundation, routine examinations of school children are no longer performed. The 4,058 pupils receiving full medical examination (3,655 in 1968) were selected on the advice of parent, teacher, school nurse, hospital or family doctor. These arrangements are preferred by the teachers as there is less dislocation of the teaching schedule and changes the annual visit to more frequent visits as often as required.

School nurses undertook 37,322 examinations during which 120 children were found to be infested (there were 145 in 1968, 259 in 1967). Visual defects were found in 1,080 children, of whom 536 had spectacles prescribed. The hearing of 1,259 children was tested and 48 were referred for further special tests. 42 were known to be in school with hearing aids, 30 of these being at Bridge House School for the Deaf.

There was, unfortunately, a change of Psychiatrist at the Child Guidance Clinics during the year. For some months the post was unfilled and children were, therefore, diverted elsewhere resulting in only 90 being seen, a decrease of 83 on the previous year.

Care of the Mentally Sub-normal and Mentally Ill — We have been fortunate in retaining the experienced services of our four Mental Welfare Officers during the year. Unfortunately one of the two Senior Mental Welfare Officers left to work elsewhere. Continuity of service and the acceptability of a well-known face are most important in this field of work in which a considerable amount of time is spent with the mentally ill. I have mentioned above the 19 persons who committed suicide during the year; while all might not have been mentally ill, they were at the very least depressed and would have benefited from expert advice and friendly guidance.

While the mentally ill today have excellent prospects of full recovery, this cannot be said of the mentally sub-normal. Formerly, society gave these folk "asylum" but modern fashion

decrees that they shall be returned to the community, sometimes irrespective of the wishes of themselves or their next of kin. The year has been disturbing for all of us who seek to care for the mentally sub-normal. Hospital Consultants have been told to de-crowd the Mental Hospitals. The Local Health Authority has, for the last 10 years (since the Mental Health Act, 1959) pursued a policy of providing Training Centres rather than Hostels for the mentally sub-normal. There are, therefore, very few Hostel places for mentally sub-normal in-patients who might well cope in the sheltered environment of a Hostel and supervised work. While this is regrettable, little can be done at short notice to remedy these defects. The unfortunate result of public pressure to empty long-stay Mental Hospitals may be that the care of these folk in the short term deteriorates rather than improves. Plainly a high priority for the immediate future must be the provision of Hostels for the mentally sub-normal.

Care of the Aged — Both Home Helps and Home Nurses give of their skills as required, irrespective of age. Almost inevitably, however, a great proportion of their time is spent in caring for the aged. Of the 70,377 (67,331 in 1968) Home Nurse visits 40,867 (40,321 in 1968) were paid to the aged. During the years I have been your Medical Officer there has been a steady rise in Home Nurse visits and visits to the elderly. Total home visits could be expected to increase as the proportion of old folk in the population increase but it is some measure of the increasing work of the Home Nurse that her total visits have increased although ambulant patients are now increasingly treated in Clinic or Surgery. Plainly it is better for the patient requiring routine injections or dressings to come to the Nurse, rather than the Nurse to make a home visit. In this way a considerable reduction of nurse travelling time is now being achieved.

There was an increase of 16 Home Helps working in the Division during the year. The 279 Home Helps between them worked 157,705 hours (157,067 in 1968). Two "care" services are Chiropody and pads for the incontinent. Both are widely used and much appreciated. It is sad, therefore, to have to record that certain folk are being denied these services because of administrative rulings.

The Local Health Authority feels unable to employ Chiropodists unless they are registered. There are a number of qualified Chiropodists known to my Department who are not eligible for registration and who are thus not able to provide a service, however much needed it may be. Again, the Local Health Authority has ruled that incontinence pads are not to be provided for folk other than in their own homes. This, of course, means that many old folk in private Nursing Homes are deprived of a service to which they are entitled.

Prevention of Disease

Health Education — Public Health Inspectors, Health Visitors and Midwives have, throughout the year, sought to teach the public how to preserve their own health. Expectant mothers have received regular instruction on the care of babies and the emotional implications of motherhood as well as the more traditional preparation for actual childbirth. There has been an increasing number of Young Wives' Clubs run or attended by Health Visitors. While a number of the subjects may be about dress design or cosmetics, always included in the programme are health subjects such as family planning, nutrition, and immunisation.

The Health Visitor's contribution to rehabilitation of boys and girls in a local Borstal and Approved School have been much appreciated by the Staff. It is difficult to tell whether our advice makes any difference to these youngsters. I continue to be very concerned that these disturbed girls not infrequently become pregnant during their inevitable absences from Approved School. It is questionable whether it is therapeutically justified to the girl to allow this to happen. It is unquestionable that it is not in the interests of her unborn child. While I do not think it possible to greatly affect sexual behaviour in the young, there can be no excuse for medical, social and educational authorities allowing the rates for Venereal Disease and Illegitimacy to continue to rise as they are at present. The remedies are to hand and should be used.

Most school children in the Division receive instruction in basic hygiene, including menstruation when appropriate, accidents in the home, smoking, drugs and human relationships.

Much of the work of the Public Health Inspectorate in Food Inspection, Factories and with individuals, is health education. It is regrettable that, as I write, the extension of smoke controlled areas which we have all been advocating has been halted by lack of suitable fuel. It is not easy, under these circumstances for the health educator to maintain his enthusiasm and make an effective impact on the public.

Vaccination and Immunisation — During the year immunisation against Measles was accepted as public policy for the first time. Unfortunately, one of the two vaccines issued was found to give an unexpectedly high rate of adverse reaction and was withdrawn. The remaining manufacturer was unable to meet the demand and so immunisation came to a complete standstill at the end of the year. The results even of this partial immunisation, speak for themselves, there being a handful of cases during what would have been normally an epidemic year.

TABLE 9
VACCINATION AND IMMUNISATION AT CLINICS

Primary Immunisation Course	Children born in Year :—					Total
	1969	1968	1967	1966	Pre-1966	
Poliomyelitis	47	1151	36	21	93	1348
Diphtheria	47	1144	28	21	57	1297
Pertussis	47	1138	28	17	9	1239
Tetanus	47	1143	28	21	128	1367

TABLE 10

Re-inforcing Doses	Children born in Year :—					Total
	1969	1968	1967	1966	Pre-1966	
Poliomyelitis	—	185	413	37	2099	2734
Diphtheria	—	181	406	46	1948	2581
Pertussis	—	181	357	26	139	703
Tetanus	—	181	406	50	2095	2732

TABLE 11
SMALLPOX VACCINATION AT CLINICS

Age at date of vaccination	Number of persons vaccinated (or re-vaccinated during year)	
	Number Vaccinated	Number Re-vaccinated
0—3 months	2	—
3—6 "	1	—
6—9 "	3	—
9—12 "	4	—
1 year	60	—
2—4 years	97	—
5—14 "	7	15
TOTAL	174	15

Immunisation against poliomyelitis, tetanus, diphtheria and Whooping Cough continued. However, the number of children born in the year under review who were immunised by the Public Health Department decreased, but immunisations of those born in the previous year increased. The total number of children receiving primary immunisation at Clinics can be seen from Table 9, the figures being very similar to the previous year.

Again there was a reduction of re-inforcing doses to children born in the previous year (Table 10). More importantly there has been a slight fall in the number of pre-school boosters given, 500 less children receiving re-reinforcement against polio, diphtheria and tetanus by departmental staff. Family doctors are, of course, increasingly undertaking the immunisation of children.

The number of primary vaccinations against Smallpox fell to 174 from 755 in the previous year (Table 11). Family doctors will re-vaccinate considerably greater numbers of persons than the Public Health Department which only undertook 42 re-vaccinations during the year.

There is increasing scepticism about the present arrangements for the prevention of Smallpox in this Country as all the recent importations have been in people with valid International Certificates attesting to smallpox vaccination. Plainly, even if the idea of a certificate of vaccination is good, in practice it is not effective. With the speed of modern air transport we must re-think our approach to the control of the more serious diseases. Today, the passengers of an air liner may have dispersed throughout the country before the Medical Officer of Health at the airport of embarkation is aware of trouble. The health problems of the international air traffic, including holiday travel, require re-assessment.

Secondary school entrants were again offered B.C.G. which protects, at least partially, against Tuberculosis.

TADCASTER RURAL DISTRICT COUNCIL
ANNUAL REPORT
of the
CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1969

Council Offices,
TADCASTER.

To : The Rural District Council of Tadcaster.

Mr. Chairman and Gentlemen,

It is my privilege to submit my first Annual Report on the work of the Public Health Inspection Department for the year 1969.

The year has been one of steady progress in Environmental Hygiene work, and during the part of the year for which the responsibility of the Department has been mine I have been grateful for the understanding help given to me by the Chairman and Members of the Health Committee.

Mr. E. Witheford, Chief Public Health Inspector, retired on the 7th July after thirty one years service with the Tadcaster Rural District Council. May I take this opportunity of paying tribute to work he has accomplished during his service and add that I regard it as a privilege to have worked as a member of his staff for sixteen years.

Mr. S. Clements was appointed Additional Public Health Inspector in August and commenced duties on the 1st September.

Mr. W. Kober continues to give valuable service as Authorised Meat Inspector and on the occasions when the Bacon Factory do not kill he carries out some very useful administration tasks.

Mr. J. Kain commenced duties as Authorised Meat Inspector on the 28th July.

Mrs. S. E. Chilton commenced as Typist/Clerk to the Department on 27th October.

The pupil Inspector, Mr. S. Kendall continued successfully with his course for the Public Health Inspector's Diploma and was awarded the Intermediate Certificate.

I consider myself fortunate in having a loyal staff and I particularly wish to express appreciation of my Deputy, Mr. N. H. Parkinson, whose energy and sound judgement are a great asset to the Department.

Refuse Collection and Disposal

By the end of the year the Vehicle Maintenance Depot in the old Fire Station at the rear of the Council Offices was almost completed and ready for use.

In November a new S & D Fore & Aft Tipper with bulk container lifting equipment was delivered and put into operation.

The Yorkshire Provincial Council Work Study Unit commenced its survey in November and it was estimated that the final report would be submitted in March of 1970, when discussion should take place on the implementation of the Work Study Incentive Bonus Scheme for Refuse Collection.

The Committee will be aware that the tips were made available to the public for disposal of unwanted refuse and publicity was given to the fact. The Council's refuse collection vehicles will also remove any bulky items of domestic refuse if a request is made to this office. In spite of this the general public do not appear to be prepared to take advantage of the facilities made available and from time to time unsightly rubbish dumping on verges and spare land still takes place, and where tips have been made available to the public, instead of refuse being taken into the tip it is simply dumped near the gate and is scattered by the wind. It is disappointing that such negative results are achieved when the Council makes an effort to improve amenities.

In September a pilot scheme using polythene bin liners was run, the use of the liners was well received by the public and the men employed on refuse collection. The Work Study Unit have been asked to include in their report the cost comparison of a bin liner collection and conventional collections.

A weekly collection was maintained throughout most of the year. Disruptions of the weekly collections is caused by absenteeism due to sickness, holidays, etc. Absenteeism for all reasons worked out at 15½%.

Housing Duties

The Slum Clearance Programme of 1955 was satisfactorily completed. In November the Ministry of Housing and Local Government requested a further survey, the results will be found in the body of the report.

One small Clearance Area was represented by the Medical Officer and several individually unfit houses.

Improvement Grants continue to bring many sub-standard houses up to date, and more beneficial financial assistance for improvement brought about by the Housing Act 1969 should give even greater incentive for owners to provide full housing amenities.

Food Hygiene

Food Hygiene is a most important aspect of environmental health work, protection of the public from disease and conditions brought about by infected and unsound food must receive a high priority.

Several talks and film shows on food hygiene have been given throughout the year to the staff of a large food factory in the area, and I regard education in this subject of utmost importance.

Brucellosis in raw milk was discovered, ultimately two cows from a herd of 50 were found to be secreting Brucella, these cows were taken from the herd and slaughtered. In my view a great deal more work requires to be done with regard to control of the danger of Brucellosis.

Ice Cream samples were taken during the year for bacteriological examination and all were very good.

In conclusion may I express my gratitude to my colleagues in the Council's staff for their help during the year.

I am,

Your obedient servant,

GEORGE ROEBUCK,

Chief Public Health Inspector.

TADCASTER RURAL DISTRICT COUNCIL

TABLE 1 — 1969

The table given below indicates in parish order several of the main details relating to the statistical and sanitary circumstances of the district as follows :—

	Area Acres	Census 1961	No. of dwellings	R.V.	Houses with piped water	Sewage Disposal
Aberford	1580	836	352	21122	352	Yes
Acaster Malbis	1874	271	67	6448	65	Part
Acaster Selby	1542	55	17	623	17	No
Appleton Roebuck	2914	345	165	7548	162	Yes
Askham Bryan	2005	432	278	35379	278	Yes
Askham Richard	982	227	52	4028	52	No
Austhorpe	302	120	33	1822	33	No
Barkston Ash	1168	247	96	6557	96	Yes
Barwick-in-Elmet	4775	3087	1898	137826	1898	Yes
Biggin	718	83	26	862	26	No
Bilbrough	1447	198	99	9564	99	Yes
Bishopthorpe	705	1263	903	65088	903	Yes
Bolton Percy	2334	218	96	3999	96	No
Catterton	742	39	10	402	10	No
Church Fenton	1977	652	235	15631	235	Yes
Colton	1208	155	48	2868	48	Yes
Copmanthorpe	1658	1027	454	33568	454	Yes
East Tadcaster	578	2068	729	46818	729	Yes
Great and Little Preston	1039	1078	364	26365	364	Yes
Grimston	888	31	14	1410	14	No
Healaugh	2771	225	70	3461	70	Yes
Huddleston-with-Newthorpe	1572	102	38	3382	36	No
Kirkby Wharfe	1239	82	33	1474	32	No
Lead	1057	37	9	332	9	No
Little Fenton	781	85	25	1149	25	No
Ledsham	1971	125	59	9768	56	Yes
Ledston	1985	346	135	35238	134	Yes
Lotherton-cum-Aberford	1093	237	85	3615	85	Yes
Micklefield	1773	1860	673	32321	673	Yes
Newton Kyme	1373	236	85	36767	85	Part
Oxton	660	40	13	1018	13	No
Parlington	1773	141	55	2135	54	Yes
Ryther-cum-Ozendyke	2707	325	81	8143	80	Part
Saxton-cum-Scarthingwell	2720	294	105	8761	105	No
Sherburn-in-Elmet	4859	2776	1138	127035	1138	Yes
South Milford	3100	1042	526	53696	526	Yes
Steeton	1142	44	15	1765	15	No
Sturton Grange	877	34	10	731	10	No
Stutton-cum-Hazlewood	2795	359	335	21527	335	Part
Swillington	2585	2438	1186	91839	1186	Yes
Towton	887	132	36	1703	36	Yes
Ulleskelf	1322	1162	239	49480	237	Yes
West Tadcaster	1500	2135	1146	178665	1146	Yes
	72978	26689	12033	1101936	12017	

Gas and Electricity Hereditaments

27789+

1129725

NEW HOUSING CONSTRUCTION — 1969

Housing Statistics

(Table 1) given below, indicates in Parish order where the new houses (188 in total) were completed, and it also shows the new dwellings under construction at the end of the year. The private development has taken place mainly in the parishes of Barwick-in-Elmet and Sherburn-in-Elmet. One house was produced by converting a chapel, and one by converting two houses, subject of Demolition Order, into one.

27 Council Houses were completed during the year, and Mr. E. D. Tetlow, the Council's Housing Manager, informs me that at the end of the year the total number of dwellings controlled by the Council was 2,945, and that the revised number of applicants for the tenancy of Council houses was 553.

HOUSING STATISTICS — TABLE 1

Parish	New Houses completed		New Houses under construction	
	Council	Private	Council	Private
Aberford		9		1
Acaster Malbis		1		1
Appleton Roebuck		2		20
Askham Bryan		1		5
Askham Richard		1		
Barkston Ash		1		
Barwick-in-Elmet	14	48		10
Bilbrough		1		1
Bishopthorpe	6	10		26
Bolton Percy		5		3
Church Fenton				1
Colton				2
Copmanthorpe		2		3
East Tadcaster		9		10
Great and Little Preston		10		9
Ledsham				1
Ledston		4		9
Lotherton-cum-Aberford	5	4		4
Micklefield				2
Ryther-cum-Ozendyke		1		
Saxton-cum-Scarthingwell		2		
Sherburn-in-Elmet		21		6
South Milford		11		14
Stutton-cum-Hazlewood		10		4
Swillington		7	26	13
Ulleskelf				1
West Tadcaster		6		5
	25	163	26	151
	188		177	

TADCASTER RURAL DISTRICT COUNCIL

HOUSING ACTS 1936 to 1957

Table 2 (Housing Statistics) given below indicates the details making up the Council's programme for the next four years in connection with unfit houses throughout the district.

	Total No. of Houses to Rep- resent	Houses already subject of D.O. of D.O.	No. of houses in clear- ance areas	1970	1971	1972	1973
Aberford	8	—		7			1
Appleton Roebuck	2	—				2	
Askham Richard	2	—			2		
Barkston Ash	3	1		3			1
Barwick-in-Elmet	8	—		2	3	3	
Biggin	2	—		2			
Bilbrough & S'thouses	1	—					1
Bolton Percy	—	2		2			
Church Fenton	15	—		9	6		
Copmanthorpe	2	2		2	2		
East Tadcaster	—	15		9	6		
Healaugh	3	—		3			
Ledsham	4	1		3	2		
Ledston	1	—		1			
Lotherton-cum-A'ford	5	—	5				
Parlington	2	—		2			
Ryther-cum-Ozendyke	—	1		1			
Sherburn-in-Elmet	5	—		2	3		
South Milford	2	—		1		1	
Stutton-cum-Hazlewood	2	—			2		
Swillington	4	3		5	2		
Towton	1	2		2			1
Ulleskelf	4	1		4	1		
West Tadcaster	4	5		3	6		
TOTAL	80	33	5	63	35	6	4

Housing Statistics

(Table 3) given below indicates in parish order the details concerning the representation of Individual Unfit Houses during the year.

PARISH	No of representations	Demolition Orders made or under- takings accepted	Houses demolished
Bishopthorpe			1
East Tadcaster	5		8
Lotherton-cum-Abd.	1	1 (C.O.)	
Ryther-cum-Ozendk.	1	1	
Stutton-cum-Hazwd.			1
Swillington			2
Towton	2		
West Tadcaster	2		
	11	2	12

PART III — CLEARANCE AREAS

One Clearance Area was represented during the year, Lotherton (Olivers Cottages) Clearance Area, containing 5 dwellings.

HOUSING (FINANCIAL PROVISIONS) ACTS, 1958 — 1959 HOUSING ACTS 1964 and 1969

In August the Housing Act 1969 came into force which had the main effect of increasing the maximum grant (for grant earning works) for improvement of homes in the case of:—

- (i) Improvement Grants (previously referred to as Discretionary Grants) to £1,000, in which may be included certain items of repair and replacement, and
- (ii) Standard Grants, for provision of the standard amenities as follows:—

1.	A fixed shower	...	£30
2.	A hot and cold water supply to fixed shower or bath	...	£45
3.	A wash-hand basin	...	£10
4.	A hot and cold water supply to a wash-hand basin	...	£20
5.	A sink	...	£15
6.	A hot and cold water supply to a sink	...	£30
7.	A water closet	...	£50
			£200

The 1969 Act also made certain changes to procedure for Area Improvement and made it possible for the quality of the environment to be improved.

During the year applications in respect of improvement to 77 houses were received. Of these 75 were approved and 2 not approved.

The table below indicates in parish order the total number of houses improved by grants during this year:—

Aberford	1
Appleton Roebuck	8
Askham Bryan	3
Askham Richard	2
Barwick-in-Elmet	1
Biggin	3
Bilbrough	1
Bishopthorpe	3
Church Fenton	2
Colton	1
Copmanthorpe	1
East Tadcaster	36
Gt. and Little Preston	1
Healaugh	3
Ledsham	1
Lotherton	2
Micklefield	12
Newton Kyme	2
Ryther	2
Saxton	2
Sherburn	3
South Milford	5
Stutton	2
Swillington	1
Towton	1
Ulleskelf	3
West Tadcaster	1

No improvement areas were declared by the Council during the year.

PRIVY REPLACEMENTS

By the end of the year the sewage disposal facilities were available in Appleton Roebuck, which means that the various pail closets and privies in this village can soon be dispensed with.

There are still parts of the district where this work is held up due to lack of adequate sewage disposal particularly Church Fenton, Barkston and Saxton.

This work is accomplished in three ways:—

- (1). by service of Statutory Notice under Section 47 of the Public Health Act, 1936, on the owner of a building when a sewer and water are available, in which case the Council pay half the cost of the work reasonably incurred.
- (2). owners voluntarily carrying out the work, in which case the Council make a grant of £25 or half cost, whichever is the lesser replacement.
- (3). where a grant is made under the provisions of the Housing Acts, for Improvement or Standard Grant.

The following list in parish order indicates where replacements were made during the year:—

Appleton Roebuck	8	Micklefield	2
Askham Richard	2	Newton Kyme	4
Biggin	3	Parlington	1
Bishopthorpe	1	Ryther	2
Church Fenton	2	Saxton	2
Colton	1	Sherburn	1
Healaugh	3	South Milford	4
Little Fenton	1	Stutton	1
Ledsham	2	Swillington	1
		Towton	1

Total 42

DRAINAGE, SEWAGE & SEWAGE DISPOSAL

Table 1, shown earlier in the report indicates those parishes which are provided with sewerage and sewage disposal facilities, but only those works at Bilbrough, Healaugh, Ledsham, Ledston Luck, Towton and Tadcaster for domestic sewage treatment (which now includes the treatment of sewage from Stutton, Appleton Roebuck, Bolton Percy, Colton and Ulleskelf) can be regarded as satisfactory. The following sewage disposal works are from time to time overloaded — Askham Bryan, Barwick-in-Elmet, Micklefield, Sherburn and Swillington.

Certain parts of the district still have sewers and disposal works which are inadequate and which at times have been the cause of complaint. To deal with these unsatisfactory conditions several new schemes have been or are being prepared. The position regarding these schemes is as follows :—

Appleton Roebuck, Bolton Percy and Colton

By the end of the year this scheme was virtually completed and it was anticipated that by the end of March, 1970 all properties would be connected.

Sherburn and South Milford

The scheme for improving the sewerage facilities at Sherburn and South Milford, and abandonment of existing sewage works at these villages for a new works at Lennerton near Sherburn is approved in principle. Details are about to be submitted to the Ministry of Housing and Local Government. This Scheme will also provide sewerage facilities for Saxton, Barkston and Church Fenton.

Barkston Ash, Church Fenton and Saxton

The original scheme for these three villages approved in principle several years ago provided for a separate treatment works at Barkston. This idea was abandoned in favour of a new large disposal works at Lennerton near Sherburn-in-Elmet as mentioned above. The scheme was subject of a Ministry enquiry in February at which the Inspector requested a further report on existing sewerage facilities in Church Fenton.

Askham Richard

The Council's Engineer and Surveyor has prepared a scheme for the enlargement of the works at Askham Bryan and for a pumping scheme to take the sewage from Askham Richard. The scheme was subject of a Ministry enquiry in February and the Inspector required further details, although the scheme could be held up due to financial restraint.

Aberford

This scheme for a new works and some surface water sewerage was commenced in October.

Acaster Malbis Village

The Council's Engineer and Surveyor has prepared a scheme for the sewerage of the village, the sewage to be pumped to the York Corporation Works at Naburn. The scheme was approved in principle but was held up due to financial restraint.

Tadcaster Trade Waste Sewage Disposal Works

The Ministry's Inspector in considering this system indicated that he would require an outline scheme for the provision of a works to deal with the trade effluent within two years. This is now being prepared by the Engineer and Surveyor.

Tadcaster Trade Waste Sewerage

This scheme prepared by the Engineer and Surveyor received approval in September.

Some of the smaller remote parishes and villages still lack sewage facilities, and it is not possible to forecast when these may be provided.

WATER SUPPLY

GROUPING OF WATER UNDERTAKINGS

On the 1st April, 1960 the major portion of the Council's water undertaking was transferred to Leeds Corporation. The remainder of the Council's water undertaking, i.e. those parishes in the Ainsty area of the District supplied by the York Water-works Company, were transferred to the Company on the 1st April, 1963.

Sources controlled by Leeds Corporation

Bilbrough

This is the original Tadcaster supply, the water is derived from a deep borehole in the sandstone. It is now used chiefly as a stand-by supply.

Derwent Supply

This water is abstracted from the River Derwent at Elvington, about seven miles to the south-east of York, and the scheme so far as your district is concerned came into operation in the early part of 1965. With the exception of most of the parish of Barwick-in-Elmet and a small portion of the parish of Swillington, Derwent water is supplied to all parts of the Rural District served by the Corporation. It is filtered and chlorinated by the Corporation, and has an average degree of hardness of six.

Leeds Moorland Supply

This water is derived from the Corporation's reservoirs in the Washburn valley near Blubberhouses, and also from the Leighton reservoir near Masham. Being a moorland water it is very soft and extremely suitable for domestic use. It is filtered and chlorinated by the Corporation. In its raw state the water is slightly acid in reaction and four samples from a lead service pipe were taken in the area for plumbo solvency examination ; all being reported as satisfactory.

Distribution

The Leeds Corporation water is supplied to the following parishes :— Aberford, Austhorpe, Barkston Ash, Barwick-in-Elmet, Bilbrough, Catterton, East Tadcaster, Great and Little Preston, Grimston, Kirk Fenton, Kirkby Wharfe, Huddlestons-with-Newthorpe, Lead, Ledsham, Little Fenton, Ledston, Lotherton, Micklefield, Newton Kyme, Oxtun, Parlington, Ryther-cum-Ozendyke, Saxton, Sherburn-in-Elmet, South Milford, Biggin, Healaugh, Steeton, Sturton, Grange, Stutton, Swillington, Towton, Ulleskelf and West Tadcaster.

York Waterworks Company

The company derives its water from the River Ouse, at Clifton, York. It is distributed to the following parishes:—Acaster Malbis, Acaster Selby, Appleton Roebuck, Askham Bryan, Askham Richard, Bolton Percy, Colton and Copmanthorpe. The parish of Bishopthorpe is supplied direct by the Company who levy and collect the water rate in this parish.

It is possible when necessary, for the above parishes with the exception of the parishes of Acaster Malbis and Bishopthorpe, to be supplied from the mains now controlled by the Leeds Corporation.

The York Water is filtered and chlorinated by the Company, and has a hardness figure of 11 - 14 deg.

Water Supply — General

In the more remote areas of the Rural District some of the houses depend on wells for their water supply. There are also five private boreholes supplying small groups of houses. Forty specimens were taken for bacteriological examination and of these 13 were found unsatisfactory, the majority of the unsatisfactory results were due to storage tanks not being properly kept, and after cleaning out, sterilizing and properly covering the tanks, satisfactory results were obtained.

From the mains supplies 35 specimens were taken for bacteriological examination and all were found satisfactory.

The water supply throughout the district continued to be satisfactory in respect to quantity and quality.

REFUSE COLLECTION AND DISPOSAL

Organisation

The present fleet of vehicles consists of :—

Four "S & D" Fore & Aft Tippers (three are fitted with power presses, one of which is also fitted for bulk container loading).

Three "S & D" cu. yd. Pakamatics.

Two "Karrier" Duel-Tip Vehicles.

One "Weatherill" Hydraulic Loading Shovel for Tip Control.

All vehicles are fitted with Diesel Engines.

One of the collection vehicles is used as a spare.

The district is divided into eight collection rounds :—

Part Ainsty (12 parishes or part parishes)	One "S & D" Fore and Aft vehicle and 4 men.
Tadcaster (including 5 parishes or part parishes)	One "S & D" Pakamatic and six men.
Barwick, Aberford and Micklefield (5 parishes, and 1 part parish) and bulk containers	One "S & D" Fore and Aft bulk container loader and four men.
Sherburn and South Milford	One "S & D" Fore and Aft and five men.
Church Fenton (12 parishes or part parishes)	One "Karrier" and three men.
Great and Little Preston, and Swillington (4 parishes)	One "S & D" Fore and Aft and four men.
Six Part Parishes	One "S & D" Pakamatic and five men.

Collection Period

Every effort is made to empty bins weekly, but unfortunately this period is sometimes extended due to holidays, sickness, and staff shortage. Pails and closets are emptied every seven days and ashpits from 4 - 8 weeks. Fortunately the number of pails and ashpits is steadily diminishing.

Disposal

Refuse disposal is by means of the Pulverisation Plant operated by Wetherby R.D.C. at Thorp Arch (approximately one third of the district's refuse) and the tips at Scarthingwell and Ledston. A tip at Ellarfield, Sherburn is also available for use but it has not yet been necessary to start tipping here. The tip at Jerry Lane, Micklefield is not being used for tipping, in the next year it is the intention to start digging out the stabilised refuse and transport it to Ledston' tip to use as covering material, this will eventually leave Jerry Lane Tip again available for tipping.

Labour Force

The full labour force is 36 men which includes the shovel driver; at the end of the year the force was one man under strength, his place not being filled because of the undertaking not to engage new staff after the Work Study Unit had commenced its survey.

The Joint Council's conditions of service, etc. are in operation.

FOOD ADMINISTRATION

Meat Inspection

Sherburn Bacon Factory

During the year your Public Health Inspectors and Authorised Meat Inspectors have made 813 visits and $40\frac{1}{2}$ hours overtime were worked.

The following is a summary of the number of pigs killed, together with the amount of meat condemned:—

Number of pigs slaughtered		80,420				
<i>Condemned:</i>			Tons	cwts.	qrs.	lbs.
Whole Carcases	500		23	—	1	3
Heads	286		1	9	2	6
Guts	2,715		7	5	—	16
Livers	7,190		12	1	2	3
Lungs	10,077		16	6	2	22
			70	3	—	22

Private Slaughterhouses

During the year 935 visits were made to slaughterhouses and shops and 3 hours overtime was worked.

The following is a summary of the number of animals slaughtered and the amount of meat condemned:—

304 Bullocks	16,595 Sheep
156 Heifers	484 Pigs
1,340 Calves	

<i>Condemned:—</i>		No.	Tons	cwts.	qrs.	lbs.
Calves	84		1	2	2	26
Sheep	79		1	7	2	26
Pigs	2			1	3	2
Collective items of offal	2,318		2	5	—	—
			4	17	—	26

General

62 visits were made in conjunction with the inspection of miscellaneous foods, and the following were condemned:—

163½ lbs. Bacon
 12 lbs. Pork
 93 tins and packets of Miscellaneous food
 the weight of which was 266 lbs. 6 ozs.

No legal proceedings were taken during the year for sale of unsound food.

FOOD HYGIENE REGULATIONS

Given below are some of the details of the various premises and work in connection with them during the year:—

Food Premises

No. of Grocers Shops	113
„ Butchers „	28
„ Other Food Premises	21

Registered Food Premises

Sale of Ice Cream	89
Manufacture of Ice Cream)	
Sausages, Pies, etc.)	28
Fried Fish Premises	13
Retail Milk Sellers (with premises in the District)	12

173 visits were made to the various premises and 25 contraventions of the Food Hygiene Regulations were remedied after informal action.

No legal proceedings under the Regulations were taken during the year.

GENERAL SANITATION

Abatement of Nuisances and Repairs to Dwellings, etc.

Following the service of informal notices work in connection with 46 of these notices was carried out. These included such items as roofs repaired, the remedying of dampness, repairs to floor, gutters, fall pipes, windows, closets, fireplaces etc.

It was necessary to serve three Abatement Notices under the Provisions of Section 93 of the Public Health Act, 1936, one concerning a noise nuisance, one nuisance arising from a piggery and one item of disrepair in a dwelling, all were abated.

Common Lodging House

6 visits were made to the only Common Lodging House in the District and conditions are generally good.

Disinfestation, etc.

24 visits were made in connection with disinfestation and 6 houses were disinfested for insect pests.

Rodent Control

A Rodent Operative is employed and a proportion of his time during the year was spent on other duties, such as helping out as spare driver on refuse collection. A total of 985 visits were made by the rodent operative and Public Health Inspectors, 560 treatments were given and 285 infestations were dealt with. These included infestations on refuse tips, sewage works, sewerage systems, domestic and non-domestic premises. The methods of Rodent Control are those recommended by the Ministry of Agriculture, Fisheries and Foods.

National Assistance Act, 1948, Section 50

It was necessary during the year to arrange for the burial of the body of a man recovered from the River Aire at Woodlesford.

Emptying of Septic Tanks

During the year 224 septic tanks were emptied, the machine being hired from a neighbouring authority.

Offices, Shops and Railway Premises Act

There are 147 registered premises and 101 visits were made, 50 contraventions were found — and all were remedied. 6 non fatal accidents were reported, all were investigated.

Clean Air Act 1956 — 1968

10 visits were made in connection with the Act, no statutory action was required.

Furnaces. Section 3 1956 Act

The number of applications for prior approval was ...	4
The number of applications to install new plant was ...	4
The number of cases in which alterations were required	1
The number of applications approved	4

Arrestment Plant. Secion 6 1968 Act

Number of plans submitted ...	1
Number of plans approved ...	1

Chimney Heights. Section 6 1968 Act

Number of applications ...	2
Number approved	2

FACTORIES ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	No. on Register (2)	Number of:—		
		Inspections (3)	Written Notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	3	1	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	107	42	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	23	13	—	—
Total ..	133	56	—	—

2. Cases in which DEFECTS WERE found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars (1)				No. of cases in which defects were found				Number of cases in which Prosecutions were instituted (6)
				Found (2)	Remedied (3)	Referred :		
						to H. M. Inspector (4)	by H. M. Inspector (5)	
Want of cleanliness	(S.1)	..	1	1	-	-	-	
Overcrowding	(S.2)	..	-	-	-	-	-	
Unreasonable temperature	(S.3)	..	-	-	-	-	-	
Inadequate ventilation	(S.4)	..	-	-	-	-	-	
Ineffective drainage of floors	(S.6)	..	-	-	-	-	-	
Sanitary Conveniences	(S.7)							
(a) Insufficient	..	..	2	2	-	-	-
(b) Unsuitable or defective	..	..	1	1	-	-	-
(c) Not separate for sexes	..	..	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-	
Total	4	4	-	-	-	

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